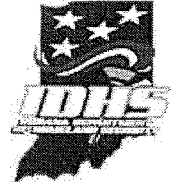




Indiana Department of Homeland Security
Department of Training
Mari Hulman-George Search and Rescue Training Center



K-9 Testing Request

Candidate Information

Candidate Name: _____

PSID#: _____ Canine Name: _____

Department/
Organization: _____

<input type="checkbox"/> Pre-test	<input type="checkbox"/> Certification Test
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Test Requested: (Please note discipline to be tested in)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Articles Search | <input type="checkbox"/> Land Cadaver | <input type="checkbox"/> Water Cadaver | <input type="checkbox"/> Air Scent Live |
| <input type="checkbox"/> Tracking/Trailing | <input type="checkbox"/> Disaster Live | <input type="checkbox"/> Disaster Cadaver | |

_____ Date of Request: _____

Address: _____

Email address: _____

I hereby acknowledge that I have met the pre-requisites for this test. I also agree to bring verification of this the day of testing. I understand that if I do not have all of the documentation I will not be permitted to test.

Applicant Signature

Date

Evaluator Approval

☐ Approved

☐ Rejected

Comments: _____

Evaluator Signature

Date